

## TRIBAL ENROLLMENT APPLICATION INSTRUCTIONS

### APPLICATION PACKAGE (REQUIRED DOCUMENTS):

- Completed Tribal Enrollment Application ~ *Please print clearly or complete the fillable PDF form*
- Copy of certified birth certificate for the applicant
- Copy of certified birth certificate for the parent(s) of the applicant, if the applicant's parent(s) is not enrolled, but eligible— this is to prove lineal descent
- Copy of marriage certificate or related legal document if the applicant's name does not match the name on the birth certificate
- If the applicant is adopted, copies of the adoption decree and both the pre-adoptive and amended birth certificates
- If application is being made to be adopted as a new member into the tribe, copy of Certificate of Degree of Indian Blood

If the applicant does not possess the required documents and cannot, under any circumstances, obtain them, please call or email our office before submitting the application.

**FAMILY TREE** Please fill out as much as possible— using full names, including maiden and other names, and dates of birth for the applicant's parents, grandparents, and great grandparents. This information is important for determining eligibility through lineal descendancy.

**APPLICANT SIGNATURE** Applicants 18 years of age and older must sign the application. Parents or legal guardians (court guardianship documents required) may sign applications on behalf of minor children.

**SUBMITTING APPLICATIONS** Completed applications can be submitted by mail, email, or in person to Aleut Community of St. Paul Island, ATTN: Tribal Enrollment.

**Mail:** PO Box 86, St. Paul Island, AK 99660

**Email:** [tribalenrollment@aleut.com](mailto:tribalenrollment@aleut.com)

**Hand Delivery:** 2050 Venia Minor Rd (St. Paul) or 4720 Business Park Blvd, Suite G-42 (Anchorage)

The enrollment process can take up to three months once a completed application is received. Completed applications are reviewed by the Enrollment Committee and then forwarded to the Tribal Council for their approval at regularly scheduled meetings. Applicants will be notified in writing of the Tribal Council's decision.



Date Received: \_\_\_\_\_

## TRIBAL ENROLLMENT APPLICATION

### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ENROLLMENT INFORMATION

Is the applicant a lineal descendant of an Aleut Community of St. Paul Island member? \_\_\_ Yes \_\_\_ No

Is the applicant enrolled in another federally recognized tribe? \_\_\_ Yes \_\_\_ No **Note: Dual enrollment is prohibited for adults 18 years of age and older, except to the Pribilof Islands Aleut Communities of St. Paul and St. George Islands.**

If yes, name of tribe: \_\_\_\_\_

Degree of native blood claimed: Aleut: \_\_\_/\_\_\_ Alaska Native: \_\_\_/\_\_\_ American Indian: \_\_\_/\_\_\_

Is the applicant adopted? \_\_\_ Yes \_\_\_ No

If the applicant is not automatically eligible through lineal descendancy, is application being made to be adopted into the tribe? \_\_\_ Yes \_\_\_ No **Note: St. Paul residency and Alaska Native/American Indian descent requirements for adoption into tribe.**

### BIRTH PARENT INFORMATION

Birth Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribe Enrolled in: \_\_\_\_\_

Birth Father's Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribe Enrolled in: \_\_\_\_\_

### APPLICATION CHECKLIST

Please attach the following:

- Copy of certified birth certificate(s)
- Copy of marriage certificate or related legal document, if applicable
- Copies of adoption decree and both pre-adoptive and amended birth certificates, if applicable
- Copy of Certificate of Degree of Indian Blood, if applicable



# FAMILY TREE

Please add as much information as possible— using full names, including maiden or other names.

Applicant Name: \_\_\_\_\_

Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_

Father: \_\_\_\_\_  
DOB: \_\_\_\_\_

Mother: \_\_\_\_\_  
DOB: \_\_\_\_\_

DOB = Date of Birth